

**STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**2/26/2019 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND  
MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

**Standards for Optional State Supplementary Payments and Medically Needy Income Limit**

EOHHS is making the annual update to the Medicaid State Plan to reflect the federal government's guidance on State Supplementary Payments and the Medically Needy Income Limit. The Social Security Administration approved a 2.8% cost-of-living increase for 2019. The state's supplementary payments and Medically Needy Income Limit have been adjusted to reflect that increase. These changes will yield an estimated annual increase of approximately \$535,300.

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by March 28, 2019 to Maria Petrillo, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or [Maria.Petrillo@ohhs.ri.gov](mailto:Maria.Petrillo@ohhs.ri.gov)

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within fourteen (14) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

Income Levels (Continued)

     D. Medically Needy

  X   Applicable to All Groups

     Applicable to all groups except those listed below. Excepted group income levels are also listed on an attached page.

| (1)         | (2)  | (3)   | (4)   | (5)   |
|-------------|--|---|---|---|
| Family Size | Net Income Level Protected for Maintenance | Amount by which Column (2) exceeds limits Specified in 42 CFR 435.1007* | Net income level for persons living in rural areas for <u>    </u> months | Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007* |
|             | <u>    </u> Urban only                     |   |   |   |
|             | <u>  X  </u> Urban and rural               |   |   |   |
| 1           | \$ 917                                     | \$ 0  | \$  | \$  |
| 2           | \$ 958                                     | \$ 0  | \$  | \$  |
| 3           | \$1,183                                    | \$ 0  | \$  | \$  |
| 4           | \$1,350                                    | \$ 0  | \$  | \$  |
| 5           | \$1,517                                    | \$ 0  | \$  | \$  |
| 6           | \$1,717                                    | \$ 0  | \$  | \$  |
| 7           | \$1,883                                    | \$ 0  | \$  | \$  |
| 8           | \$2,075                                    | \$ 0  | \$  | \$  |
| 9           | \$2,233                                    | \$ 0  | \$  | \$  |
| 10          | \$2,425                                    | \$ 0  | \$  | \$  |

For larger household sizes the state uses an additional incremental amount of \$175 for each additional household member.

\*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

State: RHODE ISLAND  
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

| <u>PAYMENT CATEGORY</u>   |         | <u>ADMINISTERED BY</u> | <u>INCOME LEVEL</u> |            | <u>INCOME DISREGARDS EMPLOYED</u> |               |
|---|---------|------------------------|---------------------|------------|-----------------------------------|---------------|
| (Reasonable Classification)   | Federal | State                  | <u>GROSS</u>        |            | <u>NET</u>                        |               |
|   |         |                        | One Person          | Couple     | One Person                        | Couple        |
| (1)   | (2)     | (3)                    | (4)                 | (5)        | (6)                               | (7)           |
| <b>Institutionalized Individual (ABD)</b>   |         |                        |                     |            |                                   |               |
| A)* Would receive payment if in community   |         | X                      | \$1,608.61          | NA         | \$ 810.92                         | NA SSI        |
| B) Would not receive payment in community   |         | X                      | \$2,313.00          | NA         | * \$ 50.00                        | NA SSI        |
| C) Receives payment   |         | X                      | Under \$ 50.00      | NA         | * \$ 50.00                        | NA SSI        |
| <b>Community ABD</b>  |         |                        |                     |            |                                   |               |
| A) Living independently (includes domiciliary facilities)   |         | X                      | \$1,608.61          | \$2,411.40 | \$810.92                          | \$1236.38 SSI |
| B) Living in home of another  |         | X                      | \$1,152.55          | \$1,726.45 | \$565.92                          | \$868.64 SSI  |
| C) Residential Care and Assisted Living   | X       |                        | \$2,313.00          |            | \$1,103.00                        | SSI           |
| D) LTSS Living in a Community Support Living Program residence-Cat F  | X       |                        | \$2,313.00          |            | \$1,568.00                        | SSI           |
| * Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50. |         |                        |                     |            |                                   |               |